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CONFIRMATION NO. 1935

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|---|---|----------------------------|---|---------------------------------------|
| SERIAL NUMBER<br>10/082,372   | FILING DATE<br>02/25/2002<br><br>RULE   | CLASS<br>438               | GROUP ART UNIT<br>2812  | ATTORNEY<br>DOCKET NO.<br>2269-5083US |
| APPLICANTS<br><br>Michael E. Connell, Boise, ID;<br><br>Tongbi Jiang, Boise, ID;  |   |                            |   |                                       |
| ** CONTINUING DATA *****<br><br>No.   |   |                            |   |                                       |
| ** FOREIGN APPLICATIONS *****<br><br>No.  |   |                            |   |                                       |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED<br>** 03/22/2002  |   |                            |   |                                       |
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance<br>Verified and<br>Acknowledged |   | STATE OR<br>COUNTRY<br>ID  | SHEETS<br>DRAWING<br>5  | TOTAL<br>CLAIMS<br>86                 |
| ADDRESS<br>24247<br>TRASK BRITT<br>P.O. BOX 2550<br>SALT LAKE CITY , UT<br>84110  |   | INDEPENDENT<br>CLAIMS<br>5 |   |                                       |
| TITLE<br>WAFER BACK SIDE COATING TO BALANCE STRESS FROM PASSIVATION LAYER ON FRONT OF WAFER<br>AND BE USED AS A DIE ATTACH ADHESIVE   |   |                            |   |                                       |
| FILING FEE<br><br>RECEIVED<br>2182  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                            | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |                                       |

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|  | <input type="checkbox"/> Other _____  |
|  | <input type="checkbox"/> Credit _____ |

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